PATENT APPLICATION FEE DETERMINATION RECORD

Efféctive October 1, 2003

Application p	r Docket Number
101	787,176
10/19	

	1	CLAIMS AS FILED - PART I				٠.	SMALL ENTITY			•	OTHE	R THAN	
	ŀ	(Column 1)				(Column 2)			TYPE		OF	SMALL	ENTITY
		TOTAL CLAIMS		20				I· ├─	RATE	FEE		RATE	FEE
•		FOR	NUMBER FILED		NUMBER EXTRA		BASIC FE		€ 385.0	OR	BASIC FEE	770.00	
٠.		TOTAL CHARGEABLE CLAIMS 20 min			nus 20=	4	0		X\$ 9=		OR	·X\$18=	
	100	INDEPENDENT CLAIMS 2 m			inus 3 =	*	· D.		X43=		OR	X86=	
	MULTIPLE DEPENDENT CLAIM PRESENT					<u> </u>		+145=	1	OR			
	* If the difference in column 1 is less than zero, enter *0					*0° in (column 2	. (TOTAL	 	OR	L	770
	ر ا	CLAIMS AS AMENDED - PART II							•	!		OTHER	•
	ے	2/14/06 (Column 1) (Column Claims Highes					(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY .
	ENT A		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	. ADDI- TIONAL FEE
	AMENDMENT	Total	. 10	Minus	* 2	70	= 0		X\$ 9=		ОЯ	X\$18=	
1		Independent	NTATION OF MI	Minus	MAN ENT	3	= 0		X43=		OR	X86=	
	L	TIMOTPHESE	INTATION OF MI	JETIPLE VER	EMPENT	CLAIM	ا. لـا		+145=		OR	+290=	
								A	TOTAL ODIT. FEE		OR	TOTAL ADOIT, FEE	
ı	_	· 	(Column 1)		(Colum		(Column 3)						
	AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	.] · [RATE	ADDI- TIONAL FEE
	Š	Total	·4 ·	Minus	44 ,		-		X\$ 9=		OR	X\$18=	
I	AME	Independent	NTATION OF MU	Minus	in CHOCKE		-	Γ	X43=	·	OR	X86=	
	L	PIRST PRESE	MIAHUN OF MU	CHPLE DEP	ENDENT	LAIM		T	+145=		OR	+290=	· ·
t		· · · · · · · · · · · · · · · · · · ·		·				 AC	TOTAL OIT, FEE		OR ,	TOTAL DOIT, FEE	
1.		•	(Column 1)		(Column	2)	(Column 3)						
	AMENDMENT C.		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PHESENT EXTRA		RATE [ADDI- FEE		RATE	ADDI- TIONAL FEE
II	Š	Total		Minus	**.		п 		X\$ 9-		OR	X\$18±	
$\ $	AME	Independent		Minus	5-9 fr		2		X43=		OR -	X0G=	
L		FIRST PRESEN	ITATION OF MUI	TIPLE DEPI	ENDENT C	LAIM					-	-	
	- 11	the entry is column	n 1 is less than the	entry in solum	n 2, wále "0"	in colu	un J	L'	TOTAL		OH [(290= -	
	** If the Tilietrast blood on the circular Dailet Care He YELLO COSOT in the other two and the control							-	OIT, FEE L			oir rei:	
	Ţ	tie Mighestriamb	er Previously Paid (For" (Total or b	idependenti	es they'h	ghest number f	લેવાર્સ	и вод арро	priate baz	ar colors	us t	
;•	• :1.1	Haran						.1					10.00